



# LEMON GROVE SMALL BUSINESS RELIEF GRANT APPLICATION

## APPLICATIONS DEADLINE: THURSDAY, AUGUST 6, 2020 AT 5:00 P.M.

Please attach current W-9

### Business Information

Name of Business: \_\_\_\_\_ Date: \_\_\_\_\_

Business Address: \_\_\_\_\_

*Street Address*

*City*

*State*

*ZIP Code*

Contact Person  
Name:

*Last*

*First*

*M.I.*

Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

Business Type (select one):

- ☐ Limited Partnership
- ☐ Sole Proprietorship
- ☐ Limited Liability Entity
- ☐ Cooperative Corporation

- ☐ Partnership
- ☐ Corporation
- ☐ Non Profit
- ☐ Other:

Tax Identification No.: \_\_\_\_\_

Dollar Amount of Grant Requesting  
(not to exceed \$10,000.00): \$ \_\_\_\_\_

Mailing Address to  
send Grant Funds: \_\_\_\_\_

*Street Address*

*City*

*State*

*ZIP Code*

### ELIGIBILITY VERIFICATION

What type of business do you operate? \_\_\_\_\_

Is your business classified as for-profit? ☐ Yes ☐ No

Is your business publicly traded or a corporate owned franchise? ☐ Yes ☐ No

If Yes, how many franchise locations do you own in Lemon Grove? \_\_\_\_\_

List all franchise address locations:

\_\_\_\_\_  
\_\_\_\_\_

Did your business employ at least, but no more than 20 employees as of March 1, 2020? ☐ Yes ☐ No

Has your business been required to close, or partially close, in compliance with COVID-19 County of San Diego Health Officer Order? ☐ Yes ☐ No

Does your business operate out of physical (brick and mortar) retail or restaurant storefront, open to the public, within the city limits of Lemon Grove? ☐ Yes (list address below) ☐ No

\_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*ZIP Code*

Has your business been in operation in the City of Lemon Grove since June 1, 2019?

☐ Yes ☐ No

How long has your business been operating in Lemon Grove? \_\_\_\_\_

Is your business in good standing with the City of Lemon Grove? ☐ Yes ☐ No

Has your business received federal financial assistance through an Economic Injury Disaster Loan? ☐ Yes ☐ No

Has your business received federal financial assistance through the Paycheck Protection Program? ☐ Yes ☐ No

Has your business had to completely close due to COVID-19 public health orders? ☐ Yes ☐ No

If Yes, as of the application date how many days has your business had to be closed due to public health orders? \_\_\_\_\_

#### DESCRIPTION OF HOW GRANT FUNDS WILL BE USED

Please describe eligible expenses the business has incurred or will incur that the grant award will fund. If some or all of the grant request is for costs already incurred, please attach documentation (invoices, credit card statements, payroll report, receipts) of the costs with the application in order to expedite reimbursement. (Attach additional page if needed)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### SUBMISSION INSTRUCTIONS

Applications may be submitted by email to [smallbusinessgrant@lemongrove.ca.gov](mailto:smallbusinessgrant@lemongrove.ca.gov) or in person at City Hall, 3232 Main St, Lemon Grove, CA 91945 on Monday-Thursday from 7am-6pm. No applications will be accepted before the application period opens on July 27<sup>th</sup> at 9am or after the application period closes on August 6<sup>th</sup> at 5pm.

#### STAFF USE ONLY

Application Received: \_\_\_\_\_

W-9 Completed: \_\_\_\_\_

Active Business License: ☐ Yes ☐ No